The Prevention and Management of Violence & Aggression v6

(INCLUDING THE PROCEDURE FOR CARE OF CHILDREN AND YOUNG PEOPLE UNDER 18 YEARS OF AGE AND FOR THOSE WHO HAVE PARENTAL RESPONSIBILITY WHO ARE VIOLENT, ABUSIVE OR EXHIBIT CONTINUOUS DIFFICULT AND CHALLENGING BEHAVIOUR)

Key Points

- Detail of responsibilities for managing violence and aggression
- Use of sanctions available to manage violence and aggression
- Training requirements

Key Changes

- Amendments to the escalation to exclusion process

Paper Copies of this Document

- If you are reading a printed copy of this document you should check the Trust's Policy website (http://sharepoint/policies) to ensure that you are using the most current version.

Ratified Date:  V1 16th August 2012  V6 9th April 2015
Ratified By: Security Sub-Committee
Review Date:  August 2017
Accountable Directorate: Safety and Governance
Corresponding Author: Philip chambers – Lead Local Security Management Specialist/Health and Safety Advisor
### Meta Data

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>The Prevention and Management of Violence and Aggression Policy V6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Active</td>
</tr>
<tr>
<td>Document Author:</td>
<td>Philip Chambers – Lead Local Security Management Specialist/Health and Safety Advisor</td>
</tr>
<tr>
<td>Source Directorate:</td>
<td>Safety and Governance</td>
</tr>
<tr>
<td>Date Of Release:</td>
<td>V6 April 2015</td>
</tr>
<tr>
<td>Ratification Date</td>
<td>V1 16th August 2012 V6 9th April 2015</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>Security Sub-Committee</td>
</tr>
<tr>
<td>Review Date:</td>
<td>August 2017</td>
</tr>
<tr>
<td>Related documents</td>
<td>Health &amp; Safety policy</td>
</tr>
<tr>
<td></td>
<td>Incident reporting policy &amp; procedure</td>
</tr>
<tr>
<td></td>
<td>Serious Untoward Incident policy</td>
</tr>
<tr>
<td></td>
<td>Risk management policy</td>
</tr>
<tr>
<td></td>
<td>The management of psychiatric and deliberate self harm patients’ policy</td>
</tr>
<tr>
<td></td>
<td>Security and crime prevention policy</td>
</tr>
<tr>
<td></td>
<td>Disciplinary policy</td>
</tr>
<tr>
<td></td>
<td>Consent Policy</td>
</tr>
<tr>
<td></td>
<td>Violent Warning Marker Procedure</td>
</tr>
<tr>
<td></td>
<td>Clinical Holding (Restraint) Policy</td>
</tr>
<tr>
<td>Superseded documents</td>
<td>The Prevention and Management of Violence and Aggression Policy V5</td>
</tr>
<tr>
<td>Relevant External Standards/Legislation</td>
<td>Health and Safety at Work etc Act 1974</td>
</tr>
<tr>
<td></td>
<td>Management of Health and Safety Regulations 1999</td>
</tr>
<tr>
<td></td>
<td>Reporting of Injuries, Diseases and Dangerous Occurrence</td>
</tr>
<tr>
<td></td>
<td>Regulations 1995</td>
</tr>
<tr>
<td></td>
<td>Safer Working in the Community</td>
</tr>
<tr>
<td></td>
<td>NHS Protect</td>
</tr>
<tr>
<td></td>
<td>Crime and Disorder Act 1998</td>
</tr>
<tr>
<td></td>
<td>Note this is not an exhaustive listing.</td>
</tr>
<tr>
<td>Key Words</td>
<td>Violence</td>
</tr>
<tr>
<td></td>
<td>Aggression</td>
</tr>
</tbody>
</table>
## Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Status</th>
<th>Date</th>
<th>Consultee</th>
<th>Comments</th>
<th>Action from Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Active</td>
<td>18/03/08</td>
<td>Safety Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two</td>
<td>Active</td>
<td>01/09</td>
<td>Beechcroft Solicitors Security Sub-Committee Dawn Leese Lynne Bowyer Mandie</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>03/09</td>
<td>Sunderland Titus Ninan Sarah Woolley Louise Galvin Sue Hyland Ann Keogh</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>03/09</td>
<td>Julie Jones Safety Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>03/09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three</td>
<td>Active</td>
<td>Feb 2011</td>
<td>LSMS / H&amp;S Team Sarah Woolley</td>
<td>Minor changes</td>
<td></td>
</tr>
<tr>
<td>Four</td>
<td>Active</td>
<td>August 2012</td>
<td>LSMS / H&amp;S Team Sarah Woolley</td>
<td>Updated to incorporate community staff and removal of appendices now included in other policies.</td>
<td></td>
</tr>
<tr>
<td>Five</td>
<td>Active</td>
<td>October 2014</td>
<td>Security Committee Andrew Catto Dr Ann Keogh</td>
<td>Addition of section “Considerations for automatic exclusion”</td>
<td></td>
</tr>
<tr>
<td>Six</td>
<td>Active</td>
<td>April 2015</td>
<td></td>
<td>Minor changes</td>
<td></td>
</tr>
</tbody>
</table>
List of Contents

Flow Charts.................................................................................................................. Page 6-9

1. Circulation.................................................................................................................. Page 10

2. Scope.......................................................................................................................... Page 10

3. Definitions.................................................................................................................. Page 10

4. Reason for Development.......................................................................................... Page 12

5. Aims and Objectives.................................................................................................. Page 12

6. Standards................................................................................................................... Page 13

7. Responsibilities.......................................................................................................... Page 13

8. Training Requirements.............................................................................................. Page 18

9. Monitoring and Compliance...................................................................................... Page 18

10. References............................................................................................................... Page 20

11. Attachments:-

   Equality Impact Assessment (EIA)................................................................................. Page 22

Appendices:-

Appendix 1: Security/Violence Risk Assessment............................................................... Page 27

Appendix 2: Guidance For The management of Perpetrators of Violence/Abuse who have been assessed as not having capacity: INC 16-18 years............................... Page 33

Appendix 3: General Guidelines on the Legal Aspects of violent Behaviour................. Page 37

Appendix 4: Guidelines on dealing with patients suffering from a Mental Disorder Page 39

Appendix 5: Dealing with Verbal Abuse on the Telephone.............................................. Page 43

Appendix 6: Sanctions.................................................................................................... Page 44

Appendix 7: Procedure for the Management of Individuals who are Violent or Abusive ......................................................................................................................... Page 46
    7a Unacceptable Behaviour.......................................................................................... Page 48
    7b Unacceptable - Behaviour final Warning.............................................................. Page 51
7c Unacceptable Behaviour – Withholding of Treatment........................................ Page 53

Appendix 8: Guidance Notes for Operations Directors for dealing with Exclusion Procedure Requests........................................................................................................ Page 56

Appendix 9: Violence against our Staff and Patients – Poster......................... Page 58
Summary flowchart for managing a patient demonstrating violent or aggressive behaviour

If there is an immediate risk of danger to self or others:
- Contact security, first on sister and on call matron for assistance and describe patient as category red, amber or green as below.

**RED**
- Violent behaviour
- Possession of weapon (requires urgent police attendance)
- Extreme agitation/restless
- Physical/verbally aggressive
- Confused/unable to cooperate

**AMBER**
- Agitated/restless
- Intrusive behaviour
- Bizarre/disordered behaviour
- Confused/withdrawn/uncommunicative
- Ambivalence about treatment

**GREEN**
- No agitation/restlessness
- Irritable without aggression
- Co-operative
- Gives coherent history
- Communicative
- Compliant with instructions

Call security and consider need for police
- De-escalate and use reasonable restraint to protect patients’ and others’ safety. (Restrain policy HEFT 2011)
- Close observation and RMN special required.
- Document incident and complete IR1

Request urgent assessment by senior medical staff

Does the patient have capacity?
- i.e. understand the impact of their actions and the implications / sanctions that could follow?

**No**
- Restraint can be used to protect patient or others from harm and/or to medically treat them if in patients best interest.
- Patient can be prevented from leaving the ward if there is deemed a risk to them or others.
- Consider application for DOLS (Safeguarding adults policy HEFT 2010).

**Yes**
- Attempt to de-escalate and persuade to stop behaving aggressively.
- Contact security for advice/support. (Violence and aggression policy HEFT 2011).
- Patients with capacity have a right to leave the ward / self discharge.
- Any consequences should be explained and documented.

For detailed flowchart see policies and procedures on intranet
Dealing with unacceptable behaviour of individuals accompanying infants, children and young people within paediatric areas (inpatients or outpatients)

Parent/carer displaying unacceptable behaviour i.e: any incident involving verbal or physical abuse or assault.

A detailed list of the kinds of behaviours that are unacceptable are listed in Paragraph 6.2 and 6.3 of the Violence & Aggression Policy, HEFT 2009.

Request parent/carer to modify behaviour. Offer opportunity for them to explain their actions and try to resolve any concerns they have.

Quiet word (verbal warning) & explain consequences of not complying. In some cases this may result in parents/carers being removed from premises and/or reported to the police. See Appendix 2A of Policy.


Offer ‘time out’ or ‘cooling off’ period

Unacceptable behaviour continues?

No
No further action required

Yes
At any stage dial 333 if emergency assistance is required
Security staff may be requested to remove parent/carer/visitor from premises
9am - 5pm: Contact ward manager/paediatric matron
Out of hours: Contact senior sister for Trust for advice/support
The relevant directorate manager/clinical director or matron may decide to continue to exclude any individual removed from the premises or restrict visiting to specific times and, if necessary, with supervision from security staff.

During any parent/carer exclusion remember the following apply:

Inform child, in age appropriate language, what has happened and why.

Parent/carer may request a review of exclusion by Directorate Manager or on call senior manager – contact via switchboard.

Parent/carer must be kept informed of all changes in child’s condition and told how this will be done i.e. mobile/home phone.

Make arrangements if possible for another appropriate adult to remain with the child if considered necessary.

Always consider your own safety... Remain calm at all times, direct individual(s) away from patient areas, (but not to an isolated area) and tell someone where you are.
Management of Violence and Aggression in the Workplace

What to do.

Unacceptable Behaviour

Visitors

Quiet Word

Verbal Warning

Removal from premises by Security or if appropriate the Police

Patients

Child, Young person

Assessment by Multidisciplined Team

Patients who have a clinical condition/ mental health issue or disorder predisposing aggressive behaviour

Local management with appropriate support.

Quiet word

Verbal Warning

Acknowledgement of Responsibilities Agreement (Yellow Card)
Directorate Manager/Matron /on call

Acknowledgement of Responsibilities Agreement (Yellow Card)
Final Warning
Directorate Manager/Matron /on call

Acknowledgement of Responsibilities Agreement
Withholding of Treatment /Exclusion (Red Card)
Security Management Director
1. **Circulation**

   The policy will be circulated via share point and will be available to all employees. The policy will be referred to in the training programme provided by the health and safety/local security management specialist team to further raise awareness.

2. **Scope**

   This policy will apply to all adults, children and young people.

3. **Definitions**

3.1 **Violence and Aggression**

   The HSE define violence as:

   ‘Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient, member of the public or member of staff in circumstances relating to his or her employment’. (HSE)

   For the purposes of this policy, violence and aggression includes physical assault with or without a weapon, threatening behaviour, verbal abuse and/or harassment (including racial and sexual).

   It is, however, important to note that an incident that has little or no effect on one individual may have a substantial impact on another depending on a range of factors including age, gender, culture and professional and personal experiences. Each incident should be treated with no less severity than the victim feels.

3.2 **Physical Assault**

   NHS Protect defines physical assault as:

   The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort.

   Examples include:

   - Spitting – facial contact
   - Pushing/shoving
   - Poking/jabbing
   - Scratching/pinching
   - Throwing objects, substances or liquids onto a person
   - Punching/kicking
   - Hitting/slapping
   - Sexual assault
   - Incidents where reckless behaviour results in physical harm to others
3.3 Non-physical Assault

NHS Protect defines non physical assault as:

The use of inappropriate words or behaviour causing distress and/or constituting harassment.

This includes abuse or threats received via telephone, letters or e-mail as well as face-to-face. Such abuse and threats may be directed at staff because of their race, gender, disability, age, sexual orientation etc. Detailed guidance on dealing with abusive telephone calls can be found in appendix 5.

Examples include:

• Offensive language, verbal abuse, swearing
• Racist comment
• Loud/intrusive conversation
• Unwanted or abusive remarks
• Negative, malicious or stereotypical comments
• Invasion of personal space
• Brandishing of objects/Weapons
• Near misses (i.e. unsuccessful physical assault)
• Offensive gestures
• Threats or risk of serious injury to NHS staff
• Intimidation
• Stalking
• Alcohol/drug-fuelled abuse
• Incitement of others and/or disruptive behaviour
• Unreasonable behaviour and non-cooperation (e.g. repeated disregard of visiting hours)
• Any of the above linked to destruction of or damage to property

Where such assaults are directed at staff by another member of staff, it may be more appropriate to refer to the relevant HR Policy.

3.4 Mental Capacity

The Mental Capacity Act sets out the test for assessing whether a person is unable to make a decision for him/herself and therefore lacks capacity. The test is a ‘functional’ test focussing on how the decision is made rather than the outcome. The Act says that a person is unable to make a decision if he/she is unable to:

- Understand the information relevant to the decision or:
- Retain that information or:
- Use or weigh that information as part of the process of making the decision or:
- Communicate the decision (whether by talking, using sign language or any other means)
3.5. Mental Disorder

A mental disorder is a person who is suffering from any disorder or disability of the mind (Mental Health Act 1983 (as amended)).

Guidance on the management of perpetrators who are violent or abusive who have been assessed as not having capacity (including 16 – 18 years) can be found in Appendix 2 and Appendix 4 – Guidelines for dealing with patients suffering from a mental disorder.

4. Reason for development

Unacceptable behaviours need to be tackled and managed effectively. The Trust has a statutory obligation to provide a safe and secure environment for its patients and staff. It also has a moral duty to take all reasonable steps to protect and support them. General guidelines on the legal aspects of violent behaviour can be found in appendix 3.

5. Aims and Objectives

The objective of the policy document is to raise awareness of staff and others in the management of Violence and Aggression from adults:

- define behaviour that fall within the scope of the policy
- roles and responsibilities of individuals and committees
- control measures
- support systems for staff
- training to recognise and deal with incidents
- the risk assessment process
- guidance for the treatment and removal of perpetrators of violence/abuse within Trust

This policy is also designed to improve the Trust’s ability to tackle incidents involving violence and abuse from:-

- Children and young people less than 18 years old receiving care or attending OPD
- Those who have parental responsibility or who are a significant carer of a child or young person
- Visitors to the Trust less than 18 years old

Decisive action to be taken in response to such behaviour needs to be carefully planned and to take into account the following:-

- The best interests of the child should be a primary consideration when action involves a child
- Children should not be separated from their parents unless this is necessary in the best interests of the child
- Children should be protected from abuse or neglect
Children have a right to be cared for in a safe and caring environment
Parents retain parental responsibility for their child (unless this has legally been removed by the courts) and are actively encouraged to remain with their child throughout their admission
Children under 10 years are exempt from criminal responsibility. Children between 10 and 14 years are also exempt unless it can be established that they can distinguish between right and wrong

6. Standards

The procedures on how to manage patients and visitors to the trust that demonstrate violence or aggression towards our staff are:

- Managing a patient demonstrating violent or aggressive behaviour
- Dealing with unacceptable behaviour of individuals accompanying infants, children and young people within paediatric areas
- Managing children who demonstrate violent, aggressive or challenging behaviour and pose a risk to themselves and/or others
- Management of violence and aggression in the workplace.

Further information regarding these standards is detailed in the flowcharts 1-4 at the start of this policy.

7. Responsibilities

7.1 Trust Board

The Trust Board states categorically that violence and aggression against any member of its staff or patients will not be tolerated. It recognises and accepts its responsibility in accordance with the Health and Safety at Work Act and good employment practice to provide, as far as is reasonably practical, a safe and secure workplace for its staff.

7.2 Chief Executive

- To ensure the provision of adequate resources to enable the effective implementation of this policy
- To maintain effective reporting mechanisms into the Board in connection with this policy
- To decide on appeals against decisions made by the Security Management Director the procedure for the Management of Individuals who are Violent or Abusive.
7.3 Executive Directors
The Executive Team recognises and accepts its responsibility in accordance with the Health and Safety at Work Act and good employment practice to provide, as far as is reasonably practical, the following conditions related to the prevention and containment of violence:

- The reduction of risk at source and the introduction of comprehensive preventative strategies to control those risks which cannot be eliminated.
- Provision of information, training and equipment to appropriate staff on handling potential or actual violence.
- Provision of positive support to staff involved in violent incidents e.g. counselling, assistance with statement writing, court attendances (if applicable).
- A system of monitoring and reviewing violent incidents including the setting of targets for reducing such incidents. This will be included in reports to the Trust Safety Committee and Security subcommittee.
- The establishment of clear working partnerships with the police, the Crown Prosecution Services (CPS) and the NHS Protect in pursuing cases of violence against staff.

7.4 Security Management Director

- The Chief Nurse is the nominated executive with the responsibility for security management and will fulfil the function of the Security Management Director (SMD)
- The SMD will, through the Local Security Management Specialist (LSMS - Trust Security Adviser), oversee the introduction, operation, monitoring and evaluation of this policy to ensure comprehensive, fair and consistent application throughout the Trust.
- The SMD will, through the LSMS ensure the provision of training, guidance and support to Line Managers on the operation of this policy.
- The SMD will, through the LSMS, ensure that queries in relation to this policy at a local level will be answered and ensure the policy is applied fairly consistently throughout the Trust.
- The SMD will, through the LSMS, ensure that procedures are in place to accurately record all relevant information relating to incidents involving physical and non-physical assault.
- The SMD will, through the LSMS, ensure that staff are aware of the need to report incidents to Risk Management by completing the Trust’s Incident Reporting Form and are encouraged to report all incidents.
- The SMD will, through the LSMS, ensure that full co-operation is given to the Police, NHS Protect Legal Protection Unit (LPU) and the Area Security Management Specialist (ASMS) in respect of an investigation and any subsequent action, including ensuring
access to personnel, premises and records whether electronic or otherwise which are considered relevant to the investigation.

7.5 Clinical Directors, Operations Managers and Heads of Departments are responsible for ensuring that the Policy is fully implemented within their Groups. They will:

- In conjunction with the LSMS ensure that each department under their control undertakes a risk assessment and that controls are implemented and monitored for effectiveness. (See Appendix 1).
- Monitor the level and nature of violent incidents and in conjunction with the LSMS take appropriate preventative action.
- Ensure that sanctions are utilised as required. Guidance and example sanction letters can be found in appendices 6, 7 and 8.

7.6 Line Managers

Line Managers are responsible for:

- In conjunction with the LSMS undertaking a comprehensive risk assessment and creating an environment and climate where violence is less likely. Having undertaken the risk assessment full and proper consideration will need to be given to identifying appropriate measures to improve the situation in order to reduce the risk including discussion with affected staff and staff representatives (see Appendix 1).
- Ensuring that the Policy, the Guidelines and any local procedures are made known to and are available to all their staff.
- Supporting any member of staff who has been a victim of an assault or who has provided assistance during an incident.
- As required, arrange meetings with the staff concerned and any witnesses following an incident, to discuss and analyse the situation. This type of review is essential, in order to develop staff awareness and also to review procedures and arrangements operating within the Department concerned. Where the need for preventative action is identified, the Manager will take all practicable steps to achieve a safer workplace.

These may include consideration of the following:

- measures to improve the system of work
- re-assessment of the workplace plan
- redesigning work areas
- re-organising the job to lessen the risk of violence
- increasing training
- provision or extension of alarm systems
- transferring the member of staff and
- provision of additional protective equipment
- Ensuring that an Incident is reported whenever an incident has occurred.
The Lead LSMS together with the Health and Safety Manager must be informed so that, where applicable, the Health and Safety Executive are notified, as appropriate, under the RIDDOR regulations. Incidents will also be reported to NHS Protect in line with DOH requirements via Security Incident Reporting System (SIRS).

Ensure any sickness absence due to the incident is coded appropriately on the turnaround timesheet as a work related injury.

Monitoring the level and nature of incidents and taking appropriate preventative action.

Ensure that appropriate sanctions are implemented as required. Detailed guidance and example sanction letters can be found in appendices 6 and 7.

Communicate the trust ethos that violence against our staff will not be tolerated. Communication information is available from the Lead Local Security Management Specialist and an example of a poster is available in appendix 9.

7.7 Local Security Management Specialist.

The LSMS will:-

- Act as a source of advice to managers to assist them to continually improve the physical environment in order to reduce the risk of violence and aggression towards staff, patients and visitors.
- Provide statistics to managers in relation to physical violence and verbal aggression.
- Identify trends of incidents and work with managers to actively reduce the numbers of violent incidents.
- Take lead responsibility for ensuring that security/violence and aggression risk assessments are undertaken on a pro-active basis and also following a significant incident.
- Provide reports to appropriate committees to ensure that trends of violent incidents are identified and an appropriate action is taken to reduce the risk of re-occurrence.
- Provide appropriate training for staff, to include Conflict Resolution Training, Conflict Resolution Refresher course and personal safety awareness.
- Participate in the investigation of security/violent incidents and ensure appropriate liaison with external agencies such as SMS.
- Provide appropriate information to the SMD.
- Manage periodic communication campaigns to promote the ethos that violence against staff will not be tolerated. An example of a poster is included in appendix 9.

7.8 Head of Facilities

- Ensure that contract security staff are adequately trained in responding to violence and aggression.
7.9 Security Staff

- To attend incidents with minimum delay, locate person in charge, assess the situation and co-operate/assist/manage as appropriate.
- To co-operate and liaise with staff and Police as necessary.

7.10 Members of Staff

All members of staff should:

- Be conversant with this policy and any local operational systems to defuse or deal with violent situations (see appendix 2 & 3).
- When present at a potentially violent incident, take positive measures to prevent it if safe to do so. Although staff are not obliged to give support to victims of violence, the Trust encourages all staff to provide appropriate assistance, without risk to themselves, including physical and moral support. The nature of assistance given should be in accordance with an individual’s capabilities and training. Staff should try to defuse the situation if they feel safe to do so and immediately summon assistance when aware of a potential or actual violent incident. Assistance would normally include calling other more experienced staff along with security staff, and the Police if appropriate.
- If involved in an incident either as a victim or when going to someone’s assistance, use reasonable, proportionate force necessary to control the violent person(s) bearing in mind the legal/medical restraints and personal responsibility to act within the law.
- Complete an Incident Report Form following such an event or as soon as possible thereafter (refer to Incident Reporting Policy).

7.11 Other Staff/ Contractors

Staff who are indirectly employed by the Trust i.e. agency staff will be made aware of this policy and the procedures for dealing with violence and aggression by the nurse in charge of the shift.

A copy of the policy will be made available to them via Share point. Agency staff must also be made aware of any local guidelines for that area and directorate

7.12 Board and Committee Responsibilities

The Security committee will be responsible for ratification of this document and requesting review in line with the agreed review date or following any required material changes to the policy.

Safety Committee will receive assurance reports from the Security committee as part of the Estates Statutory Compliance Report.
8. Training Requirements

Department of Health Directives 2004 state that all front line staff working in the NHS shall receive Conflict Resolution Training. This Trust is actively working towards this target.

Examples of staff that are considered frontline (list not exhaustive)

- Nurses on wards/community teams
- Medical staff on wards/community teams
- Psychologists/occupational therapists and other relevant professionals on wards/community teams
- Support staff on wards – administrators/domestic staff
- Staff (clinical and non-clinical) in out–patient departments, based on risk assessment and training needs analysis
- Paediatric Hospital at Home Team and Specialist Nurses/Lone Workers.

Conflict resolution training is provided by the Local Security Management Specialist and is offered to all frontline staff working within the Trust. Conflict resolution Training will follow the 10 point national syllabus indicated by the Security Management Service of the NHS:

- Definition of conflict.
- Communication and the breakdown of communication.
- Communication models.
- Patterns of behaviour.
- Warning and danger signs.
- Impact factors.
- The importance of distance.
- Flight or Fight – law of self defence
- Discussion of scenarios.

Training will be delivered by suitably trained persons and in a way that puts appropriate emphasis on each point. The recommended duration of training is one day and will last at least 4 hours. An analysis of training will be undertaken on an annual basis.

9. Monitoring and Compliance

An embedded risk assessment process is designed to focus on the potential for breaches in security and violence within the Heart of England NHS Foundation Trust (Appendix 1).

Risks identified during the assessment will be graded by using the risk-ranking matrix identified within the Trust’s Risk Management Strategy.

An annual security/violence risk assessment programme has been developed to aid a structured approach to the assessment review process. It will aim to ensure that all areas that have regular access by patients and the public will be reviewed on an annual basis.
The lead LSMS and operational security team that facilitate the risk assessments will agree risk reduction actions as required with the local managers. Managers will be responsible for ensuring the completion of actions within the timescales agreed during the assessment discussions. Common themes identified as a result of the assessments are escalated to the Security Committee.

The implementation, effectiveness and application of this policy will be monitored in the following ways:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Monitoring mechanism</th>
<th>Responsible</th>
<th>Committee</th>
<th>frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident investigation/incident reporting</td>
<td>Incident trends and overview of associated risk reduction action identified to reduce the risk of violence</td>
<td>LSMS – H&amp;S team</td>
<td>Security Group H&amp;S group</td>
<td>¼ report</td>
</tr>
<tr>
<td>Training</td>
<td>CRT training and other relevant personal safety training – review of face to face and mandatory moodle session</td>
<td>LSMS – H&amp;S team</td>
<td>Security Group H&amp;S group</td>
<td>¼ report</td>
</tr>
<tr>
<td>Policy compliance</td>
<td>Effectiveness of the policy. Annual audit against monitoring requirements</td>
<td>LSMS</td>
<td>Security group</td>
<td>Annual report</td>
</tr>
</tbody>
</table>

10. References


Health Services Advisory Committee (HSAC) publication, ‘Violence and Aggression To Staff in Health Services’ 1998.

Health Service Circular 1999 / 079 ‘Improvement Targets’

Health Service Circular 1999 / 226 ‘Campaign to Stop Violence against Staff Working in the NHS: Zero Tolerance Zone’
Health Service Circular 1999 / 229 ‘Working Together, Securing a Quality Workforce for the NHS: Managing Violence, Accidents and Sickness Absence in the NHS.

Counter-Fraud and Security Management Service: A professional Approach to Managing Security in the NHS" (March 2003),

Counter-Fraud and Security Management Service: “Tackling Violence Against Staff” (Nov 2003)


The Royal Hospital of St. Bartholomew. The Royal London Hospital. Withdrawal of Treatment.

Guidance for nursing staff on Restraining, Holding and Containing Children and Young People 2007 NMC 2007


11. Attachments

11.1 Equality Impact Assessment (EIA)

Appendix 1: Security/Violence Risk Assessment

Appendix 2: Guidance For The management of Perpetrators of Violence/Abuse who have been assessed as not having capacity: INC 16-18 years


Appendix 4: Guidelines on dealing with patients suffering from a Mental Disorder

Appendix 5: Dealing with Verbal Abuse on the Telephone

Appendix 6: Sanctions

Appendix 7: Procedure for the Management of Individuals who are Violent or Abusive
7a Unacceptable Behaviour
7b Unacceptable - Behaviour final Warning
7c Unacceptable Behaviour – Withholding of Treatment

Appendix 8: Guidance Notes for Operations Directors for dealing with Exclusion Procedure Requests

Appendix 9: Violence against our Staff and Patients - Poster
### Equality and Diversity - Policy Screening Checklist

#### Policy/Service Title: Policy for the Prevention and Management of Violence and Aggression

Directorate: Healthcare Governance

Name of person/s auditing/developing/authoring a policy/service:

**Policy Content:**
- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

#### 1. Check for DIRECT discrimination against any group of SERVICE USERS:

<table>
<thead>
<tr>
<th>Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:</th>
<th>1.1 Response</th>
<th>Action required</th>
<th>1.2 Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1.3 No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.1 Age?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>1.2 Gender (Male, Female and Transsexual)?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>1.3 Disability?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>1.4 Race or Ethnicity?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>1.5 Religious, Spiritual belief (including other belief)?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>1.6 Sexual Orientation?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

#### 2. Check for DIRECT discrimination against any group relating to EMPLOYEES:

<table>
<thead>
<tr>
<th>Question: Does your policy/service contain any statements/functions which may exclude employees from operating under the grounds of:</th>
<th>1.4 Response</th>
<th>Action required</th>
<th>1.5 Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1.6 No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2.1 Age?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>2.2 Gender (Male, Female and Transsexual)?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>2.3 Disability?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
</tbody>
</table>
### 2.4 Race or Ethnicity?
- No
- No
- None

### 2.5 Religious, Spiritual belief (including other belief)?
- No
- No
- None

### 2.6 Sexual Orientation?
- No
- No
- None

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

### TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING DIRECT DISCRIMINATION =

### 3. Check for INDIRECT discrimination against any group of SERVICE USERS:

<table>
<thead>
<tr>
<th>Question</th>
<th>1.7 Response</th>
<th>Action required</th>
<th>1.8 Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:</td>
<td>Yes</td>
<td>1.9 No</td>
<td>Yes</td>
</tr>
<tr>
<td>Age?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Gender (Male, Female and Transsexual)?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Disability?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Race or Ethnicity?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Religious, Spiritual belief (including other belief)?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Sexual Orientation?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

### 4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

<table>
<thead>
<tr>
<th>Question</th>
<th>1.10 Response</th>
<th>Action required</th>
<th>1.11 Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your policy/service contain any statements which may exclude employees from operating the under the grounds of:</td>
<td>Yes</td>
<td>1.12 No</td>
<td>Yes</td>
</tr>
<tr>
<td>Age?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Gender (Male, Female and Transsexual)?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Disability?</td>
<td>1.12.1.1.1.1 Yes</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>Race or Ethnicity?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Religious, Spiritual belief (including other belief)?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Sexual Orientation?</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
</tbody>
</table>
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING INDIRECT DISCRIMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 1</td>
</tr>
</tbody>
</table>

Signatures of authors / auditors:  

Date of signing:  

FOR ADVICE UPON THIS DIVERSITY IMPACT ASSESSMENT PLEASE CONTACT YOUR LOCAL DIVERSITY ADVISOR OR THE TRUST HEAD OF DIVERSITY
2 Equality and Diversity – Review Plan

Directorate: 

Responsible Manager: 

Name of Person Undertaking the Review: 

The second part of the impact assessment is to complete this review plan. This should be used to identify when the review will take place and who should be involved. The plan will form part of the quarterly Governance Performance Reviews.

<table>
<thead>
<tr>
<th>Service/Policy:</th>
<th>Consultation Group:</th>
<th>Completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When completed please return this assessment and review plan to our Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey.

Signed by Responsible Manager: ___________________________ Date: ___________________________
3 Equality Action Plan/Report

**Directorate:** Health care Governance

**Service/Policy:** The Prevention and Management of Violence and Aggression

**Responsible Manager:** Phil Chambers Lead Local Security Management Specialist

**Name of Person Developing the Action Plan:** Phil Chambers

**Consultation Group(s):** Local Equality and Diversity Lead

**Review Date:** August 2017

The above service/policy has been reviewed and the following actions identified and prioritised. All identified actions must be completed by: ________________________________

<table>
<thead>
<tr>
<th>Action*</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rewriting policies or procedures – addition made on Page 52. It is the individual Directorates responsibility to provide this policy in large print or brail if requested</td>
<td>Local Security Management Specialist team</td>
<td>Completed</td>
</tr>
<tr>
<td>Stopping or introducing a new policy or service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve /increased consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A different approach to how that service is managed or delivered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in partnership working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training/Awareness Raising/Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing supplier profiles/procurement Arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A rethink as to how things are publicised</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Actions may include – addition to the risk register or completion of an incident form.

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager: _____________________________ Date: _____________________________
Appendix 1

SECURITY/VIOLENCE RISK ASSESSMENT

Purpose of the assessment tool

The risk assessment tool is designed to focus on the potential for breaches in security and violence within the Heart of England NHS Foundation Trust. The assessment tool should not be used in isolation and should be used as part of a holistic general risk assessment of a ward or department.

Risks identified during the assessment should be graded by using the risk-ranking matrix identified within the Trust’s Risk Management Strategy.

1. Assessment Team

In order to ensure that a team of personnel with an appropriate level of competence undertake the assessments the team will normally consist of:

A Local Security Management Specialist (LSMS), representative from the ward or department and a member of the security team. Additional appropriate personnel can be requested to join the team as required.

The LSMS will agree an annual assessment programme to ensure that a systematic approach to the assessment process is identified. Ward/Department Managers will be expected to notify the LSMS if the area has undergone any significant change to enable the risk assessment to be reviewed.

2. Escalation of Security/Violence Risks

Significant risks identified will be discussed at the Security Committee to agree and implement appropriate strategies to manage and limit the identified risk. Significant risks identified will be managed as part of the general risk management procedures that are in place.
<table>
<thead>
<tr>
<th>PROMPT</th>
<th>RISK FACTORS</th>
<th>RISK SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL SECURITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the Ward/Department situated within the main template of the Hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the area is a stand alone building, is external lighting adequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the area have restricted access i.e. swipe card, keypad or intercom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the area staffed on a continual basis? If not is there evidence of a robust locking up procedure in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does CCTV cover the area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What Security arrangements are currently in place, to include frequency of visits from the Security Department?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have there been any previous Security breach incidents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staff have facilities to secure personal belongings? i.e. use of a locker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all drugs secured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Are drug trolleys secured to the wall when not in use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Gas Cylinders</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are cylinders stored securely (to include not being freestanding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Are cylinders on the ward not in use, in the identified storage area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If appropriate is signage in place</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Are all staff aware of current security policies, i.e. security, V&A, Lone working policy | |  |

<table>
<thead>
<tr>
<th>TRAINING</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What percentage of staff have attended: Conflict Resolution Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal security awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to use alarm systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakaway training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other appropriate training (MCA / DOLS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| What percentage of staff are currently booked and awaiting training? | |  |</p>
<table>
<thead>
<tr>
<th>PROMPT</th>
<th>RISK FACTORS</th>
<th>RISK SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENVIRONMENTAL FACTORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the area a direct admission unit? I.e. Accident and Emergency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the Ward/Department regularly accommodate high risk vulnerable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>children or adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there areas that staff could become trapped with no means of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>escape?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are escape routes clear and free from obstruction? Can escape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doors be opened easily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What emergency (Nurse) call systems are in place? Does the staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>feel that they are adequate? Does the staff know how to activate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the area currently covered by electronic personal (Panic) alarm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>systems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROMPT</td>
<td>RISK FACTORS</td>
<td>RISK SCORES</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>VIOLENT INCIDENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many incidents of verbal aggression have been reported within the previous year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many incidents of physical assault have been reported within the previous year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have risk reduction treatments identified as a result of previous incidents been implemented?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did staff receive feedback on lessons learnt as a result of previous incidents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are staff aware of how to report incidents?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The final risk score should take into account all of the risk factors identified during the assessment and any existing controls that have been identified. The individual risk factors will ensure that action plans are prioritised but the final score will be used to establish the overall risk that will be included on the risk register.

Assessor Signatures

Date

<table>
<thead>
<tr>
<th>PROMPT</th>
<th>RISK FACTORS</th>
<th>RISK SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>LONE WORKING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is lone working necessary for any staff? If so can lone working be avoided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If lone working cannot be avoided have lone working risk assessments been undertaken?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are lone working procedures that are currently in place working effectively to reduce risks?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Guidance For The Management of Perpetrators of Violence/Abuse Who Have Been Assessed As Not Having Capacity (This will include those patients who are 16-18 years)

Patients

Commonly the patient will have an organic condition such as toxic confusion, dementia or a mental disorder that means they do not have the capacity to understand the impact of their behaviour and/or the capacity to understand the implications of any sanctions that might be imposed as a result of that behaviour. **In such cases the guidance set out in section 2 below does not apply.**

Violent or abusive patients who do not have mental capacity require careful clinical management. The Trust has a responsibility both to the patient, in meeting their continued healthcare needs, and to its staff in maintaining their safety and well-being. The remainder of this section gives guidance to staff in managing such patients.

Advice on managing verbal aggression and preventing physical abuse

Verbal aggression can often be a sign of impending physical assault if the cause of the behaviour is not treated. The measures at paragraphs 1.1.1-1.1.4 may de-escalate such behaviour and minimise the threat of physical harm. As such their appropriateness should be discussed between the multidisciplinary team caring for a patient. However before engaging these measures risk assess the situation to maximise your safety. However staff safety is paramount and if the situation is becoming less stable they should summon immediate help. Consider:

- Whether the person has been physically aggressive before? If so were there triggers for that violence?
- Keep yourself between the patient and an exit at all times.
- Ensure you do not isolate yourself from assistance
- Ensure that there is support available and within earshot.
- If there is a risk of physical aggression stay out of arms reach of the patient.
- Ensure there are no implements or pieces of furniture within the patient's reach that could be used as weapons against you.

Diversion therapy/reorientation

Confused patients often have wandering thoughts and it is possible therefore to divert the beliefs they hold that trigger their behaviour. For example, if a confused patient is becoming aggressive because they believe that they are at home and the staff are intruders ask them which room they are in. Ask them to describe the room and to point out the furniture to you. They will find that the furniture they expect to be there is not and can cause doubt in their belief that they are at home. Staff can then reinforce the fact that they have been brought into hospital.
Involving relatives

Relatives provide a known and reassuring face to a confused patient and their presence can assist greatly in re-orientating patients to their surroundings. Consider calling relatives to sit with a patient if they are confused and becoming either verbally or physically aggressive.

Environment

Consider whether the environment plays a part in the aggressive behaviour. A noisy environment can cause increased confusion in patients. Similarly frequent changes of ward or bed space can trigger increased confusion levels. Darkness can also increase confusion and staff may consider leaving the lights on, or dimming them, to minimise confusional behaviour.

Verbal/non-verbal communication

Your body language and tone of voice can often prevent an aggressive situation from escalating. Talk in a firm but quiet, calm voice and do not hurry the person. Do not stand over the patient or keep your arms crossed as these actions imply threat or dominance.

Restraint of a Patient

At times the nature of the patient’s behaviour may be such that restraint may be considered either to protect themselves or others from harm. The Mental Capacity Act 2005 (MCA) sets out the statutory requirements to staff in terms of the use of reasonable restraint of a patient who lacks capacity in connection with the care and treatment of that patient. The MCA defines that someone restrains a person lacking capacity if he uses, or threatens to use, force to do an act which the person resists, or which restricts the liberty of movement of someone who lacks capacity, whether or not he or she resists.

Restraint may take many forms. It may be verbal or physical (or both) and may vary from shouting commands at someone or holding them down. It may also include chemical restraint, for example prescribing or administering medication in order to sedate a person and thereby restrict their liberty of movement. Further advice on chemical restraint can be found in NICE guideline 25 (section1.8)

When Is Restraint Appropriate?

The Mental Capacity Act sets out two conditions, which if satisfied, may provide protection from liability to carers and others who need to use restraint:
the first condition is that the person taking action must reasonably believe that it is necessary to do an act which involves restraint in order to prevent harm (see 1.2.2) to the person lacking capacity.

the second condition is that the act is a proportionate (see 1.2.3) response (in terms of both the degree and the duration of the restraint) to the likelihood of the person who may lack capacity suffering harm and the seriousness of that harm.

The onus is on the person doing the restraining to identify reasons which objectively justify his or her belief that the person being cared for is likely to suffer harm unless some sort of physical intervention or other restraining action is taken. Where restraint is necessary to prevent the person from coming to any harm, only reasonable proportionate force may be used and for the shortest possible duration.

Restraint to protect others
Whilst the above covers restraint in order to prevent harm to the person, staff will often find themselves considering the use of restraint to protect staff or other patients from harm. In such circumstances staff are protected under common law (in the same way that the public can defend themselves against an intruder in their home) providing that they can similarly justify that the restraint used was reasonable, necessary and proportionate.

Defining Harm
The Mental Capacity Act does not define “harm” since it is likely to vary according to the individual circumstances of the person lacking capacity. For example, a person with learning disabilities may run into a busy road without warning, unaware of the danger; a person with dementia may wander away from the hospital and be unable to find the way back or to return home. In many cases, the risk of harm can be prevented by common sense measures (such as locking away poisonous chemicals or removing obstacles) as well as care planning, taking account of any risk assessments. However, it is impossible to eliminate all risk, and if a risk arises then a proportionate response is required.

Defining Proportionate
It is also important to ensure that the nature and duration of the restraint used does not amount to a deprivation of the patient's liberty. The scale and nature of any form of restraint must be a proportionate response to the likelihood of the person who lacks capacity suffering harm and the seriousness of that harm. The means of restraint should be commensurate with the desired outcome, using the minimum necessary force or intervention and for the shortest possible time. For example, a carer may need to keep hold of the arm of a person with learning disabilities while crossing a road, but it would not be a proportionate response to stop the person going outdoors at all. It may be appropriate to have a secure lock on a door leading to a road, but it would not be a proportionate response to lock someone in a bedroom for the duration of their inpatient admission because they have a tendency to wander out onto the busy main road. It is unlawful to deprive a patient of their liberty without appropriate authorization. From April 2009, authorization from the PCT will need to be sought in order to lawfully deprive a patient of their liberty. In the event that staff are concerned that the nature and duration of the restraint being used may amount
to a deprivation of liberty, they should discuss this with their line manager to address whether a formal application to the PCT should be made.
Appendix 3

General Guidelines on the Legal Aspects of Violent Behaviour

Introduction:

Potentially violent situations can often arise within healthcare settings and when they do patients, staff and visitors may be put at risk. These guidelines are primarily directed towards the avoidance and prevention of violence, recognising in a clinical environment, patients, their relatives and visitors are often vulnerable and sometimes distressed at being in hospital or visiting family/friends who are unwell. Staff should therefore adopt a pro-active response in attempting to calm the situation.

In some emergency situations, however, it may be necessary to use self-defence and/or physical restraint. These must be used as a last resort only and exercised within the law.

The Legal Position

Physical Restraint

Physical restraint should be used as little as possible, only as a last resort and not as a matter of course. It should be used in emergencies only when there seems to be a real possibility that significant harm would occur if intervention is withheld. Any initial attempt to restrain aggressive behaviour should, as far as the situation allows, be non-physical. When non-physical methods have failed or the incident is of such significance to warrant immediate action, the senior person present, or other appropriate person who has received appropriate training, may decide to restrain the person physically. It should be borne in mind that to be within the law any restraint must be 'reasonable and proportionate in all the circumstances' and must use only the reasonable, proportionate force necessary. Physical restraint does not include slapping, kicking and punching.

Self-Defence

Similarly, if a member of staff is being physically attacked it may be necessary to use physical force as a method of self-defence or rescue. Again, to be within the law any physical force used must be 'reasonable and proportionate in all the circumstances' that is necessary, and proportional to the force used against them. Reasonable force is defined as 'only enough force necessary to secure your own safety or the safety of others'. The staff need only to do as much as it takes to be able to get away or remove anyone from danger so that they can alert a colleague/Trust security to assist.

Criminal Actions - Police Assistance

Where a serious crime of violence is being committed or is strongly suspected of having been committed, the Police should be asked for immediate assistance by an urgent telephone call using the ‘999’ system. Serious violent incidents should always be reported to the Police and through the Trusts’ incident reporting system.
Civil Action

Any member of staff can take civil action against a person by whom they have been assaulted, irrespective of whether the police are prosecuting the person for any criminal offence. It should be borne in mind, however, when considering whether to take civil action individual members of staff will need to seek their own legal advice regarding the merits of pursuing such an action. In those cases where the police are not prepared to prosecute, the Trust will refer the case to NHS Protect who may consider the possibility of pursuing a private prosecution of the individual concerned. If this is not supported, the individual concerned will be advised of the reasons.
Appendix 4

Guidelines on dealing with patients suffering from a Mental Disorder

A psychiatric assessment should be carried out by the appropriate team as soon as possible to minimise any risk to staff and provide the most appropriate care for the patient.

The purpose of this section is to ensure that that there is a clear understanding by medical, nursing and security staff on the role of the security officers with regard to the supervision of persons awaiting psychiatric assessment and of psychiatric patients.

1. General
Where possible, when security staff are called by nursing/medical staff to deal with a difficult or (potentially) dangerous individual, nursing/medical staff must provide the security team with the following information in as much detail as possible:

- the mental state of the individual;
- the likely risk of self-harm or harm to others;
- whether they are carrying weapons of any kind;
- any special risks posed by the individual;
- whether condition is drink/drug induced.

This list is not exhaustive and staff should not expose themselves to unnecessary risk in trying to establish all the facts, e.g. whether the individual has a weapon. The purpose of this brief is to allow the security staff to judge how best the individual should be addressed with minimum risk to everyone involved.

Obviously, in some circumstances where safety of individuals is at immediate risk, it may not be possible to give a brief. Where there is sufficient time security staff should be briefed without necessarily having to compromise patient confidentiality.

In all circumstances where it is necessary to restrain an individual, only reasonable and proportionate force may be used. Any method of restraint, which involves force in excess of reasonable force, after the immediate crisis is over, is not justified by law.

2. Individuals not detained under the Mental Health Act (MHA)

- Where a person is waiting to be seen by a psychiatrist and there is reason to believe that the patient may be at risk to him/herself or others but has not been formally detained under the holding powers Section 5(2) or 5(4) of the MHA then security staff may be asked to attend to ensure no one comes to any harm. A security officer should not be left alone with a psychiatric patient. Security staff are neither trained nor qualified to observe that individual. Appropriate steps should be taken to assess the patient for the purposes of placing him or her on a section.

- If the same patient wishes to leave the ward, department or hospital and has still not been placed on a section then security staff may be requested, under Common Law, by a nurse or doctor to apprehend and restrain a person who is mentally disordered if
there are reasonable grounds to believe that he or she presents an imminent danger to himself or others.

- Security staff will confirm with the nurse or doctor that the patient is an imminent danger to himself or others before apprehending and/or restraining that person. Only reasonable force may be used to restrain the patient.

- If such a person decides to leave and it is not possible to detain that individual it is the responsibility of nursing/medical staff to contact the Police. The police will then search for the person, and if necessary, take them to the police station on a Section 136 of the MHA (Police powers to remove a person to a place of safety). The place of safety could be a police station or hospital (often a special s136 suite).

- It may be possible that security staff can follow the person (only when the person is on Hospital premises) whilst the police are being called. By following the person security staff can liaise with the police via radio and phone to save police time in finding the person.

- It is the responsibility of the healthcare professionals involved to ensure that the patient receives an assessment under the MHA as soon as possible.

3. Individuals detained under the Mental Health Act.

- If a person is at risk to himself or others and is wishing to leave the hospital and a Section 5(2) has been applied then security staff may be asked to attend to ensure that nursing/medical staff do not come to any harm, when there are concerns for their safety. Again, a security officer is not to be left alone with a psychiatric patient and it is the responsibility of the healthcare professionals and the manager of the ward/department to ensure that the patient is held in an appropriate environment within the hospital to minimise the risk of the patient absconding. Appropriate risk assessments as to the risk of absconding should be carried out by staff caring for the patient and appropriate measures put in place. It is also the responsibility of healthcare team involved to ensure that the patient is attended by a psychiatrist within 72 hours from the time section 5(2) commenced.

- Whilst the patient is being held on a Section 5(2) security staff may be asked to detain a patient if he/she attempts to leave, using minimum reasonable force where necessary. Security staff are to be shown documentation to satisfy themselves that the patient has been placed on a section. Doing this does not compromise patient confidentiality.

- Under a Section 5(4) of the MHA a registered nurse is allowed to detain an informal patient, who is already being treated for mental disorders, for up to 6 hours. Security officers may assist in the restraint of a patient in the same way as under a Section 5(2) of the MHA.

- If it is necessary to use a security officer, he or she should keep as low a profile as possible in the circumstances, since the presence of a uniformed security officer can exacerbate an already potentially explosive situation.

©Heart of England NHS Foundation Trust View/Print date 14 March 2018 Page 40 of 59
4. Specialling

For paediatric high risk patients (under the age of 18 years) please refer to the Actively Suicidal and Self Harm Paediatric Policy and Guidelines for staff providing 1:1 nursing care of high risk patients on the paediatric wards.

A patient will need to be specialised when:

- He/she is thought to be at risk of self-harm/suicide and/or attempting to leave the ward/department.
- Other people may be placed at risk by the patient’s actions.
- He/she is thought to be vulnerable for example at risk of falling over etc. due to mental state.

- The rules specifically state that a designated nurse carries out observation of a patient on a one-to-one basis in a designated area. If there are concerns about the safety of staff carrying out the observation, then obviously there is a role for security staff to play in protecting the staff but not “observing” the patient. Security staff are not to observe a patient because there are not enough nurses. It is the responsibility of the relevant directorate to secure the appropriate level of staffing required.

- It must be stressed that the Security Department does not have the resources to provide a continuous presence for an in-patient being observed on a ward (i.e. specialised) on the off chance that something untoward may occur. If staff or others are being threatened or attacked then security and/or the police should be called to assist. Security staff (and the police) will stay until the patient has calmed down to a state where the staff are no longer deemed at risk. Incidents like this will obviously require close liaison between nursing and security staff as to when it is safe for security staff to leave.

- Careful consideration should be given to the degree of involvement by a security officer. Some mental health patients’ behaviour deteriorates when in the presence of a uniformed officer; therefore it may be prudent in some circumstances that the security officer maintains as low a profile as possible in the circumstances.

- Particular care must be taken to avoid using more than reasonable force to quell a disturbance. The use of excessive force may constitute a criminal act and may result in criminal charges being brought against the individuals concerned. It may also result in a complaint and/or a claim against the Trust.

- When the psychiatric patient is female and a male security officer is requested to attend, the accompanying nurse should be female, since two males left alone with a female are leaving themselves open to false charges of sexual assault or harassment.
Related Guidance

- The Mental Health Act 1983 (as amended), particularly Sections 5(2) and 5(4)
- Mental Capacity Act (2005)
  Particularly with regard to the five core principles (section 1; Code of Practice) and
  Restraint and loss of Liberty (Sections 5 and 6; Code of Practice)
  Conditions that may justify restraint:

  a) That the person taking action must reasonably believe that it is
     necessary to do an act which involves restraint in order to prevent harm
     to the person lacking capacity.
  b) That the act is a proportionate response (in terms of both degree and
     duration of the restraint) to the likelihood of the person suffering harm
     and to the seriousness of that harm.

- National Institute for Clinical Excellence (2005) – The Short Term Management of
  Disturbed/Violent Behaviour in In-patient Psychiatric Settings and Emergency
  Departments – Guideline

  NICE guidance number 25.
Appendix 5

Dealing with Verbal Abuse on the Telephone

1. If the caller is beginning to be verbally abusive then ensure you continue to listen to the caller.

2. Remember good listening skills demonstrate empathy.

3. When appropriate show empathy with the caller using the skills of reflecting back what the caller is saying. 
   *E.g. so what you are saying is that you need ...................... because .......

4. Once again having shown a degree of empathy explain what you can and cannot do. 
   *Remember always to try to remain calm and speak slowly.

5. If the caller continues to give verbal abuse explain that you are not prepared to continue the call whilst he / she is speaking to you in that manner. 
   *This gives the caller another opportunity to calm down and speak to you in a less aggressive tone.

6. Should the caller continue to be verbally aggressive then you should say to the caller assertively:

   ```
   'I can appreciate your situation but I am not prepared for our conversation to continue whilst you speak to me in that manner.

   However, once you have calmed down I would be willing to talk again. I am now going to put down the receiver.

   Please call back when you have calmed down and we can then continue our discussion.'
   ```

   Once the above statement is completed feel free to replace the receiver and report the incident to your Line Manager. A record of the conversation should be recorded in writing.
Appendix 6

Sanctions

The following provide examples of Sanctions that may be implemented by the Trust. However any sanction enforced will be based on the individual case.

Visitors (anyone who is not a patient or staff member).

Visitors who display unacceptable behaviours will be asked to desist and offered the opportunity to explain their actions.

Continued failure to comply with the required standard of behaviour will result in security staff and senior manager being informed and the removal of the offending individual from Trust property, should this be considered appropriate. The excluded individual may request an immediate review of the exclusion. This review will be performed by the senior manager.

Any visitor behaving in an unlawful manner will be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will seek the prosecution all perpetrators of crime on or against Trust property, assets, and staff.

The relevant general manager/senior nurse may decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times and, if necessary, under escort from security staff.

Any person under the age of 16 visiting the Trust should be accompanied by a person over the age of 16 years. If they attend a department to visit and they are not accompanied by a person over the age of 16 they should not be allowed into the department and they should be asked to leave the premises, if they do not adhere to this should be attempted to be informed of this.

Adult Patients deemed to have capacity (age 18 or over).

Following any incident the immediate manager or department head (or their deputy) will explain to the patient that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future.

If the behaviour continues, the responsible manager or clinician will give an informal warning about the possible consequences of any further repetition.

Failure to subsequently desist will result in the application of the acknowledgement of responsibilities agreement or a final warning. This will apply to Individuals who persist in Violent or Abusive behaviour. This is a formal written warning of the consequences of such behaviour ("Yellow Card").

If a patient complies with the terms of the agreement he/she can expect the following:

- That their clinical care will not be affected in any way.
- That, where substance abuse has been identified, appropriate assistance will be provided.
• That a copy of the Confirmation of the **acknowledgement of responsibilities agreement or final warning** with Individuals who are Violent or Abusive will be kept on file and a copy will also be kept in the patient’s notes
• That the Trust Local Security Management team and the site managers will be informed.
• That HEFT will fully investigate all valid concerns raised by the patient.
• That the **acknowledgement of responsibilities agreement or final warning** will be reviewed after 6 months.

Failure to comply with the **acknowledgement of responsibilities agreement or final warning** will, at the request of the relevant directorate manager and the Security Management Director (or their nominated deputies) result in exclusion from the Trust via a final warning letter (a "Red Card"). Exclusion will not however be possible where the patient requires urgent treatment to avoid serious harm or death.

Such exclusion will be reviewed after one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued by the relevant clinician if the excluded individual is a patient. In the event of an excluded individual presenting at the Trust’s Accident and Emergency Department for emergency treatment, that individual will be treated and stabilised with, if necessary, security staff in attendance. Where possible, they would then be transferred immediately. However, if admission is unavoidable security staff will, if necessary, remain in attendance. The need for security attendance will be determined by an appropriate member of staff.

All patients who are excluded from the Trust will be given the opportunity to appeal the decision to exclude them, should they choose to do so. All patients should be informed of their right to appeal and the procedures to follow at the time they are notified of their exclusion.

Any patient behaving unlawfully will be reported to the police and The Trust will seek the application of the maximum penalties available in law. The Trust will seek the prosecution of all perpetrators of crime on or against Trust property, assets, and staff.

When sanctions against parents or children and young people are necessary there must be an inter-disciplinary approach to ensure that safe, appropriate care can be delivered to the child/young adult. In the event of unacceptable behaviour, it is the responsibility of the Ward Manager & Matron to co-ordinate an inter-disciplinary meeting with the child (if appropriate), their family, the Ward Manager/matron, Consultant and Social Worker.

The inter-disciplinary meeting’s purpose is to set out an agreed contract of expected standards of behaviour, reasons for this and the sanctions that will be instigated in the event of non-compliance.

A note of this meeting including those present should be made in the medical case note.
Appendix 7

Procedure for the Management of Individuals who are Violent or Abusive

In the event of inappropriate behaviour by a patient and following careful review by the individuals clinical team (or the on call team out of hours), the **acknowledgement of responsibilities agreement or final warning** of Individuals who are violent or abusive can be instigated.

In the event of the senior nurse on duty on the relevant ward feeling that a **acknowledgement of responsibilities agreement or final warning** may be appropriate, he/she should contact a suitable member of staff e.g. the operations manager/head nurse/senior nurse/site manager. It is the responsibility of that suitable person to undertake the following:

- Take full details of the incident and the staff member’s concerns, document them and decide whether a **acknowledgement of responsibilities agreement or final warning** is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.

If an **acknowledgement of responsibilities agreement or final warning** is required:

- Inform and seek advice from the patient’s consultant or senior member of the medical team (on call team out of hours),or their GP if necessary.

- Inform the patient of the ward staff’s concerns and fully explain the **acknowledgement of responsibilities agreement or final warning**, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.

- Complete all patient details on the confirmation of **acknowledgement of responsibilities agreement or final warning** of Individuals who are violent or abusive.

- Ask the patient to sign the confirmation of **acknowledgement of responsibilities agreement or final warning** of Individuals who are violent or abusive. If the patient refuses to sign, this should be documented, but explained to the patient that the document will be valid with or without the patient’s agreement.

- Ensure that a suitable member of staff (any doctor or registered nurse) witness the explanation to the patient and signs the **acknowledgement of responsibilities agreement or final warning**

- Give the patient a copy of the **acknowledgement of responsibilities agreement or final warning**.
- Prepare a copy of the agreement for issue to the patient’s GP. This letter should be signed and sent by the Operations Manager. A copy of the policy should be attached.

- Prepare a copy of the agreement, for issue to the patient. This letter should be given to the Operations Manager with the letter to the GP for checking both the letter and that the procedure for care has been applied appropriately.

- Copies of the agreement should be sent to the Trust LSMS Team, SMD. A copy must be kept in the patient’s notes.

The full process must be recorded in the patient’s medical and nursing documentation.

**Violent Warning Marker Procedure**

Please see procedure on the Trust intranet for guidance on warning markers following issue of acknowledgement of responsibilities agreement, final warning or exclusion letters.
This letter template can be adapted to individual Circumstances

Appendix 7a

Ref: <Division/Area>
Date: <>
NHS No: <>

<Name & Address of Aggressor/Parent/Guardian>

Private and Confidential

Dear

UNACCEPTABLE BEHAVIOUR
Acknowledgment of Responsibilities Agreement
between <aggressor> and Heart of England NHS Foundation Trust

This Trust has a statutory obligation to ensure the health and safety of its employees and of those for whom it provides services. This Trust is firmly of the view that all those who work in or use our services have the right to do so without fear of violence and aggression. Foul language, intimidation, threatening and violent behaviour towards staff, patients or others will not be tolerated.

It is alleged that you behaved unacceptably in connection with this Trust’s activities by <describe incident>.

This was made clear to you <time of incident> at the discussion/meeting you attended on <location & date> with <name of senior Trust manager/matron meeting held with> to acknowledge responsibility for your actions and agree a way forward.

I urge you to consider your behaviour when attending the hospital in future and comply with the following conditions:

<conditions under which the aggressor will be permitted to continue to receive treatment or visit our hospital>

If you fail to act in accordance with these conditions and continue to behave unacceptably, the Trust will consider the following actions:

(Delete as appropriate)

• Your immediate removal from our premises by Security staff or Police officers.
• Your conditional exclusion from all Trust premises. Such exclusion would be imposed subject to your responsible clinician making alternative arrangements for you to receive treatment elsewhere. You would continue to receive emergency care when necessary.
• Reporting you to the police with a view to supporting a criminal prosecution by the Crown Prosecution Service or the pursuance of other sanction such as an Anti–Social Behavioural Order (ASBO).
• Reporting you to the NHS Protects Legal Protection Unit with a view to this Trust supporting criminal or civil proceedings or other sanctions.

I enclose two copies of this letter for your attention and I must request that you sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next 14 days, it shall be presumed that you agree with the conditions contained herein.

If you disagree with the details in this letter or feel that this action is unfair, please write to the Trust using the complaints procedure.

Further copies of this letter will be sent to your General Practitioner and placed on your healthcare records and reviewed in 12 months. In the meantime, this information may also be passed to other healthcare bodies, Local Authorities, Social Services, Probation Services, HM Prison Service, the Police or any other public body where it has been assessed by this Trust that it would be in the interests of public safety to do so.

Yours sincerely,

Operations Manager

<DVision>

Copy:

Patient’s Consultant
Security Management Director
Security Management Specialist
General Practitioner
I, <aggressor> accept the conditions listed above and agree to abide by them accordingly.

Signed:………………………………………………

Date:………………………………………………
This letter template can be adapted to individual Circumstances

Ref: <Division/Area>
Date:<>  
NHS No: <>

{Name & Address of Aggressor/Parent/Guardian}

Private and Confidential

Dear

UNACCEPTABLE BEHAVIOUR
Final Warning

Further to my letter <dated> in connection with the incident on <date>, I understand you have continued to fail to behave in an acceptable manner and have not co-operated with the conditions stated in the Acknowledgement of Responsibilities Agreement letter.

I am writing to explain that your continued failure to co-operate with these conditions is unacceptable and any further failure may result in:

• Your immediate removal from our premises by Security staff or Police officers.
• Your conditional exclusion from all Trust premises. Such exclusion would be imposed subject to your responsible clinician making alternative arrangements for you to receive treatment elsewhere. You would continue to receive appropriate care when necessary.
• Reporting you to the police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service. Any legal costs incurred will be sought from yourself.
• Reporting you to the NHS Protects Legal Protection Unit with a view to this Trust supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
• Obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

The conditions attached to your Acknowledgement of Responsibilities Agreement remain: <restate conditions>

If you disagree with the details in this letter or feel that this action is unfair, please write to the
Security management Director who will review the decision. (The contact address is listed at the bottom of the page)
A copy of this letter will be sent to your General Practitioner and placed on your health care records; retention of this letter on your healthcare record will be reviewed in 12 months time. In the meantime, this information may also be passed to other healthcare bodies, Local Authorities, Social Services, Probation Services, HM Prison Service, the Police or any other public body where it has been assessed by this Trust that it would be in the interests of public safety to do so.

Yours sincerely

Operations Manager

Copy:
Patient’s Consultant
General Practitioner
Security Management Director
Security Management Specialist
This letter template can be adapted to individual Circumstances

Appendix 7c

Private and Confidential

Dear

UNACCEPTABLE BEHAVIOUR
Withholding of Treatment

Further to letters from this Trust <dated> in connection with your continued unacceptable behaviour and following clinical assessment and appropriate consultation, it has been decided that you will be excluded from Trust premises and care for a period of <insert number of years> with effect from the date of this letter.

As part of this exclusion notice you must not enter Trust premises at any time except:

• in a medical emergency; or
• when invited to attend as a pre-arranged appointment.

Contravention of this notice may result in one or more of the following actions being taken:

• Your immediate removal from our premises by Security staff or Police officers.
• Reporting you to the police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service. Any legal costs incurred will be sought from yourself.
• Reporting you to the NHS Protects Legal Protection Unit with a view to

©Heart of England NHS Foundation Trust  View/Print date 14 March 2018  Page 53 of 59
this Trust supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
• Obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

During the period of exclusion the following arrangement will be followed in order for you to receive treatment elsewhere <outline alternative arrangements>.

In considering withholding treatment this Trust considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

I enclose two copies of this letter for your attention and we request that you sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

If you disagree with the details in this letter or feel that this action is unfair, please write to the Chief Executive at Heart of England Foundation Trust, Bordesley Green, Bordesley Green East Birmingham B9 5SS who will review the decision. A copy of this letter will be sent to your General Practitioner and Consultant and will placed on your healthcare record; retention of this letter on your healthcare record will be reviewed in 12 months time. In the meantime, this information may also be passed to other healthcare bodies, Local Authorities, Social Services, Probation Services, HM Prison Service, the Police or any other public body in the interests of public safety.

Yours sincerely,

Security Management director

Copy:
Chief Executive
Patient’s Consultant
Patient’s General Practitioner
Directorate Manager for Ward/Department
Security Management Specialist
Trust Security Team.
I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed: ..............................................................

Date: ..............................................................
Appendix 8

Guidance Notes for Operations Managers and Clinical Directors for dealing with Exclusion Procedure Requests

The decision to exclude can only be taken by both the relevant Operations Manager and the Clinical Director (or in their absence their nominated deputies), once alternate care arrangement have been made. This does not preclude the relevant clinician discharging a patient child/young person who no long requires inpatient care in the normal manner.

The responsible consultant must be informed and write to the patient's/ Child/young person GP detailing the exclusion and the reason for it. (template letter included within Management of violence and Aggression Policy and Procedure).

The responsible consultant must be informed and write to the Child/young persons' parent or relevant carer's detailing the exclusion and the reason for it. (template letter included within Management of violence and Aggression Policy and Procedure).

The patient or parent or relevant carer must be informed that they may appeal an exclusion via the established complaints procedure.

A detailed record of the rationale for exclusion and of the alternate arrangement for care should be kept in the patient's medical and nursing documentation and copied to the Safety and Governance Department (to be attached to Incident report(s)

If an excluded individual returns in any circumstances other than a medical emergency, security staff should be called immediately. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.

The Trust must also consider if it will share the details of the incident(s) with other hospitals which may receive or already have received this patient.

Considerations for Automatic Exclusion

In certain circumstances the patient or relatives behaviour may warrant consideration for automatic exclusion rather than issuing a warning first. Any exclusion will be subject to the responsible clinician arranging for any care to be transferred to another Trust.

Examples whereby immediate exclusion can be considered:-

- The assailant’s behaviour is motivated by hostility towards a particular group or individual on the ground of race, religious belief (or lack of), nationality, gender, sexual orientation, age, disability or political affliction.
- A weapon, or object capable of being used as a weapon, is brandished or used to damage property.
- An incident of physical assault resulting in serious injury leading to a charge by Police and/or criminal conviction.
- The incident involves action by more than one assailant which results in violent disorder, affray, threats to kill, causing fear or provocation of violence (threatening behaviour)
- The incident is not the first to involve the same assailant(s).
- There is an indication that a particular member of staff or department is being targeted.
- There is a serious concern that any threats made will be carried out.
- Any incident involving weapons / firearms

A decision to exclude must be made by the CD, OM, Matron and Executive Lead. The views of the victim should be taken into account when deciding if exclusion is an appropriate course of action. Any exclusion can only be signed by the nominated Security Management Director.

Exceptions
There will be circumstances where the application of this policy will be inappropriate. Note that the following cases are not covered by this policy:

- Patients, child or young person who, in the expert judgment of a relevant clinician, are not competent to take responsibility for their action e.g. an individual who becomes violent and aggressive as a result of an illness or injury;
- Patients, child or young person who are mentally ill or who may be under the influence of drugs and/or alcohol;
- patients child or young person who, in the expert judgment of a relevant clinician, require urgent emergency treatment; and
- Other than in exceptional circumstances, any patient under the age of 16.

Trusts must ensure that where they do provide treatment or care to violent and aggressive patients, staff are aware of local trust procedures for doing so. These might include the use of medication in respect of incapacitated patients, the use of reasonable and proportionate physical restraint to protect the patient or others from harm or a requirement for trust security personnel to be in attendance and/or involvement of the police.

4 Time Frames
Incidents must be reported in accordance with the Trust incident Reporting Policy and Procedure and Serious Untoward Incident Policy and Procedure.

Application of either Yellow or Red Card procedures are subject to review after 6 and 12 months respectively. It is the responsibility of the Senior Person (OM, CD or Matron) instigating a Yellow / Red Card to inform the Lead LSMS that an electronic flag will be added to the patients electronic records.
5 Compliance with Data Protection and Confidentiality

In all aspects of management of violence and aggression sensitive and personal information pertaining to both victims and perpetrators will be documented. Therefore all staff are reminded of their contractual obligation to be aware of, and comply with the common law duty of confidentiality, the Data Protection Act and any other relevant legislation or guidance in relation to confidentiality when accessing or processing, or disclosing this information.

6 Appeals Process

All patients must be made aware that they can appeal against the decision to apply an Acknowledgement of Responsibilities Agreement or final warning via the Trust Complaints Procedure. Patients should also be made aware that they can appeal to the Chief Executive for a review of a decision to exclude them.
Appendix 9

VIOLENCE AGAINST OUR STAFF AND PATIENTS

The staff and patients in this hospital have the right to work and be cared for in a safe and supportive environment.

Violence against our staff is a crime and we will press for the maximum possible penalty for anyone who behaves in a violent or abusive way.